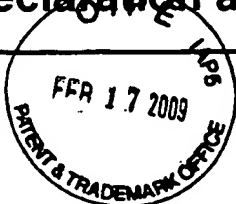


Substitute  
**Declaration and Power of Attorney**

Docket Number

RPP156BUS



Address To  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**Application Information**

Declaration Submitted ☐ With Initial Filing ☐ After Initial Filing (surcharge (37 CFR 1.16 (f)) required)

First Named Inventor **Vasmin Thanavala**

Application Number **09/464,416**

Filing Date **December 16, 1999**

Art Unit **1655**

Examiner Name **FLOOD, MICHELE C.**

Express Mail Label #

**Declaration**

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING A NON-ENTERIC PATHOGEN ANTIGEN**

the specification of which ☐ is attached hereto ☒ was filed on (MM/DD/YYYY) **December 16, 1999**

as United States Application Number or PCT International Application Number **09/464,416**  
and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

**Authorization To Permit Access to Application by Participating Offices**

- ☐ If checked, the under signed hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified application, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified U.S. application, and 3) any U.S. application from which benefit is sought in the above-identified application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

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Declaration and Power of Attorney**

**Docket Number**

**RPP156BUS**

**Domestic Information**

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 385(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number(s)	Filing Date (MM/DD/YYYY)	Status*	Application Number(s)	Filing Date (MM/DD/YYYY)	Status*
09/418,177	10/13/1999	abandoned	09/420,695	10/19/1999	pending

\*Status can be either Patented, Pending or Abandoned

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**Foreign Priority Information**

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**Power of Attorney**

I hereby revoke all previous powers of attorney given in the application identified above.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 49003

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications filed on my/our behalf.

<b>Substitute Declaration and Power of Attorney</b>	Docket Number
	RPP156BUS

Please direct all correspondence to:			
Customer Number	49003		
-OR-			
Name			
Address			
City		State	
Country		Postal Code	
Phone Number			
E-mail Address			


### Inventor Information

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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<b>Substitute Declaration and Power of Attorney</b>	<b>Docket Number</b>
	RPP156BUS

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Fifth Named Inventor			
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<b>Country</b>		<b>Postal Code</b>	
<b>Signature</b>		<b>Date</b>	